90-250 APPENDIX D. FORM 11-40 HHSA

11-40 GR GREE APPOINTMENT (3/06)

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY GR EMPLOYABILITY EVALUATION (GREE) REFERRAL

Case Name		Worker's Name	
Case Number		Dist. Phone No	
evidence of County co month. The practitione medical co	General Relief Program all applicants are of unemployability. You have requested to intracted GREE provider. This evaluation his evaluation will look at only those medier, or certified physician's assistant will example the prescribed for your condition with you to the prescribed for your condition with your condition.	hat the County sched n is because you sa ical conditions you sa imine you briefly to d a month. Please bring	dule a medical evaluation with a ay you cannot work 80 hours a ay you have. The doctor, nurse letermine if what you say is your
Your appointment is on		(day of the week	<u>, </u>
			•
		at date)	(time)
at the loca	ation checked below:		
()) Comprehensive Health Center 3177 Oceanview Blvd., San Diego, CA Phone No. (619) 231-9300	\ 92113	
()	617 E. Alvarado Street, Fallbrook, CA Phone No. (760) 728-3816	92028	
()	Or) 1315 Union Plaza Ct., Oceanside, CA Phone No. (760) 728-3816	92054	
()	Nestor Community Clinic 1016 Outer Road, San Diego, CA 921 Phone No. (619) 429-3733	54	
()) La Maestra Family Clinic 4185 Fairmount Ave., San Diego, CA Phone No. (619) 280-4213	92105	
()	Or) 165 South 1 st Street, El Cajon, CA 920 Phone No. (619) 312-0347)19	
	e more than 15 minutes late for your 0 your aid payment may be delayed.	GREE appointment,	you may not be seen at that